

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90009 042 ***150.00

DOCUMENT # P96000104293

1. Entity Name

SORRENTINO'S PEST CONTROL, INC.

Principal Place of Business

7875 95TH CT

VERO BEACH FL 32967

Mailing Address

7875 95TH CT

VERO BEACH FL 32967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0716481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SORRENTINO, RICHARD

7875 95TH CT

VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SORRENTINO, RICHARD**
STREET ADDRESS **7875 95TH CT**
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

P96000104293
Book 1009

DIROCCO & DOMBROW, P.A.
3601 W. COMMERCIAL BLVD., SUITE #39
FORT LAUDERDALE, FL 33309
(954) 731-8181
FAX (954) 739-1054

July 19, 2001

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Sorrentino's Pest Control, Inc,
Document# P96000104293
2001 Uniform Business Report

Gentlemen,

We are writing on behalf of our client regarding the delinquent filing on the above referenced document.

Our client has no knowledge of receiving the initial report for this entity and was unaware the filing deadline had been missed. The client maintains corporate headquarters at the address of its stockholder. The first report may have been undeliverable because of the unfamiliar addressee.

In lieu of the above, we ask that you accept the 2001 Uniform Business Report as being timely filed and abate the late penalty-filing fee.

-Thanking you in advance for your cooperation and we await your response.

Sincerely,



Joyce M. Barbera
For the Firm

Enclosures